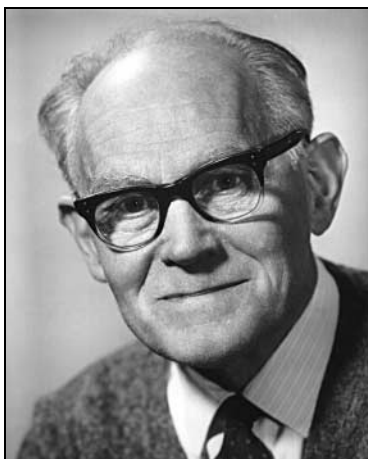




the columns

correspondence

Lionel Penrose, Fellow of the Royal Society



Sir: In 1998 I wrote 'Psychiatrist Fellows of The Royal Society (FRS)' (Bewley, 1998) in the *Bulletin*. This was about psychiatrists who had obtained the FRS, mentioning that there had been three in the last century. I omitted a fourth, Lionel Penrose, who was an outstanding authority on the genetics of mental deficiency and became FRS in 1953.

Lionel Sharples Penrose was born in 1898 and died in 1972. He left school in 1917 and joined the Friends No 5 Ambulance Train of the British Red Cross, serving in France for most of 1918. At that time he attended a lecture on Freud and his teachings and in particular the interpretation of dreams. He joined St John's College, Cambridge (1919–1921) to read the Moral Science Tripos, enjoying mathematics, logic and psychology but not philosophy. A year of psychology followed in the experimental psychology laboratory at Cambridge. He then went to E. Buhler's laboratory in Vienna. At this time Penrose met Sigmund Freud and underwent some analysis sessions with Bernfields as well as joining in the discussions of the Vienna group. He later became sceptical of psychoanalysis and observed of its results that it "led to the acquisition of a quiet effrontery". Nevertheless on his return to England he worked as an analyst at the London Clinic for Psychoanalysis for a short time during his early medical student days. He had decided to study medicine and following pre-clinical work

at Cambridge studied at St Thomas's Hospital from 1926, qualifying in 1928. In 1931 he started his first major project as Research Medical Officer at the Royal Eastern Counties Institute (for patients suffering mental deficiency).

He and his laboratory assistant examined 1280 patients suffering from mental deficiency between 1931 and 1938, and 6629 parents and siblings in more than 400 family histories, all families being visited by a member of the team. In 1939, having finished his work at Colchester, he moved to Canada, becoming Director of Psychiatric Research for the Province of Ontario and also their medical statistician. He developed non-verbal intelligence tests and pattern perception tests studying over 8000 cases of psychiatric disorder. It was at this time he charted the relation between mental illness and criminal behaviour, concluding there was an inverse relationship between the two factors. His pacifism led to his founder membership and Presidency of the Medical Association for the Prevention of War.

He became Professor of Eugenics at the Galton Centre and Consultant Geneticist to University College Hospital, 1945–1965. He later changed the name of the Galton Laboratory to the Department of Human Genetics and Biometry, as he disliked the term eugenics. He had previously changed the title of the *Annals of Eugenics* to *Annals of Human Genetics*. He ended his life MA MD (twice) DSc (three times) FRCP FRS.

It was a serious fault to omit him from the previous paper. I can only draw one conclusion from this: geneticists and members of the Faculty of Learning Disorder do not read the *Bulletin* or they would have written to draw attention to my egregious error.

BEWLEY, T. H. (1998) Psychiatrist Fellows of the Royal Society. *Psychiatric Bulletin*, **2**, 377–380.

Thomas Bewley 4 Grosvenor Gardens Mews North, London SW1W 0JP

Mental illness and the media

Sir: In 'Mental illness and the media' (*Psychiatric Bulletin*, **24**, 345–346) Jim Bolton is right to point out that

psychiatrists should not simply blame the media for stigmatising mental illness, but should learn how to communicate successfully with the media themselves. I would add two points. First, psychiatric patients should also be encouraged to communicate more effectively with the media: the message is more powerful if it comes from them as well rather than just from us. Second, psychiatrists themselves are in part to blame for the stigma of mental illness in their choice of diagnostic terms, for example 'schizophrenia', which is widely taken to mean 'split personality' and is associated, at least in some people's minds, with unpredictable violence (Crichton, 2000).

CRICHTON, P. (2000) A profound duplicity of life uses and misuses of 'schizophrenia' in popular culture and professional diagnosis. *Times Literary Supplement*, March 31.

Paul Crichton Consultant Psychiatrist, Royal Marsden Hospital, Fulham Road, London SW3 6JJ

Driving in Somerset

Sir: The premise of Kolowski and Rossiter's (2000) paper creates a needless dilemma for medical practitioners faced with forgetful drivers. The Driver and Vehicle Licensing Agency (DVLA) *At a Glance Guide* (1999) makes no recommendation that doctors advise those in whom dementia is suspected to stop driving: it states that they must be informed when a diagnosis is made.

Seventeen patients in their study were still driving. Telling all to stop driving means nine would have done so needlessly (no diagnosis of dementia), while others might have continued driving subject to annual renewal of their licence. Driving remains an important activity for people in old age, especially those living in remote and rural areas ill-served by public transport. To deprive them of their transport while they await assessment disadvantages them.

The DVLA emphasises the duties of drivers in relation to their fitness to drive. The advice quoted in the paper prejudices all those with memory problems as incompetent. Were this advice to be incorporated into the guide and medical